

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov

Ruth Ann Terry, MPH, RN  
Executive Officer

---

**AN EXPLANATION OF STANDARDIZED PROCEDURE  
REQUIREMENTS FOR CERTIFIED NURSE-MIDWIFE PRACTICE**

---

This paper describes requirements for Certified Nurse-Midwives (CNMs) to legally perform functions which are considered the practice of medicine, through the mechanism of standardized procedures.

Standardized Procedures are authorized in the Business and Profession Code, Nursing Practice Act (NPA) Section 2725 and further clarified in California Code of Regulation (CCR 1474). Standardized procedures are the legal mechanism for registered nurses, and thus CNMs to perform functions which would otherwise be considered the practice of medicine. Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. Because of this interdisciplinary collaboration for the development and approval, there is accountability on several levels for the activities to be performed by the CNM.

Organized health care system means a health facility which is not licensed pursuant to Chapter 2 of the Health and Safety code and includes clinics, home health agencies, physician's offices and public or community health services. Standardized procedures means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

The organized health care system for CNMs is usually an acute care facility, alternate birth center, clinic, or physician's office. The CNM must develop standardized procedures with the physician and administration in order to perform standardized procedure functions. A CNM may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedure; and must provide the system with satisfactory evidence that the CNM meets its experience, training and/or education requirements to perform the medical functions.

**CNM Scope of Practice**

Certified nurse-midwives (CNMs) are providers of primary health care for women and infants. Primary care by CNMs incorporates all of the essential factors of primary care and case management that include assessment, treatment, evaluation and referral as required. CNMs are often the initial contact for the provision of integrated, accessible health care services to women, and they provide such care on a continuous and comprehensive basis by establishing a plan of management with the woman for her ongoing health care.

Nurse-midwifery practice as conducted by CNMs is the independent, comprehensive management of women's health care in a variety of settings focusing particularly on pregnancy, childbirth, the postpartum period, care of the infant, and the family planning and gynecological needs of women throughout the life cycle.

The certificate to practice nurse-midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum and postpartum care, including family planning for the mother and immediate care for the newborn. All birthing complications shall be referred to the physician immediately. The practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version. "Supervision" does not require the physical presence of the supervising physician when care is rendered by the nurse-midwife.

## **Scope of Medical Practice**

The Medical Practice Act authorizes physicians to diagnose mental and physical conditions, to use drugs in or upon human beings, to sever or penetrate the tissues of human beings and to use other methods in the treatment of diseases, injuries, deformities or other physical or mental conditions. As a general guide, the performance of any of these by a CNM requires a standardized procedure.

## **Standardized Procedures for Medical Functions**

The means designated to authorize performance of a medical function by a registered nurse is a standardized procedure developed through collaboration among registered nurses, physicians and administrators in the organized health care system in which it is to be used. In facilities regulated by Title 22, the CNM performing the standardized procedures must be approved through the Interdisciplinary Practice Committee before the CNM is authorized to legally perform these functions.

## **CNMs Performing Medical Functions**

When the CNM overlaps into the practice of medicine, a standardized procedure must be adhered to. The following is a brief explanation of each of the functions.

- **Medical Diagnosis**

The Legislature in granting the CNM a scope of practice recognized that nurse-midwifery practice is the independent management of women's health care. When CNMs diagnose primary care conditions unrelated to women's health care, a standardized procedure is required.

- **Severing and Penetrating tissue**

The NPA clearly states "the practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version." The Board's interpretation of this statute is that CNMs are not to perform vacuum extractions or use any mechanical means during childbirth. When CNMs assist in surgery or perform surgical procedures such as a circumcision, or serve as the First Assistant, a standardized procedure is required.

- **Furnishing Authority**

Effective July 12, 1996, CNMs (with the exception of sole practitioners) were granted authority to furnish drugs and devices incidental to the provision of family planning services, routine health care and/or perinatal care rendered to essentially healthy persons pursuant to a standardized procedure. The drugs and devices furnished by the CNM shall be further limited to those drugs agreed upon by the CNM and physician and must be specified in the standardized procedure. A formulary may be used but must be updated with the latest approved changes documented in the standardized procedure. The CNM furnishing shall not include controlled substances under the California Controlled Substance Act.

The nurse-midwife must first be certified through the BRN as a CNM before meeting the requirements for a minimum of six months physician supervision in the furnishing of drugs and/or devices and completion of an advanced pharmacology course covering the drugs or devices to be furnished.

## **GUIDELINES FOR DEVELOPING STANDARDIZED PROCEDURES**

Standardized procedures are not subject to prior approval by the boards that regulate nursing and medicine; however, they must be developed according to the following guidelines which were jointly promulgated by the Board of Registered Nursing and the Medical Board of California. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) Section 1474; Medical Board of California, Title 16, CCR Section 1379.)

- (a) Standardized procedures shall include a written description of the method used in

developing and approving them and any revision thereof

(b) Each standardized procedure shall:

- (1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.
- (2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.
- (3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.
- (4) Specify any experience, training and/or education requirements for performance of standardized procedure functions.
- (5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
- (6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
- (7) Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the physician.
- (8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
- (9) State the limitations on settings, if any, in which standardized procedure functions may be performed.
- (10) Specify patient record keeping requirements.
- (11) Provide for a method of periodic review of the standardized procedures.

An additional safeguard for the consumer is provided by steps four and five of the guidelines which together form a requirement that CNM be currently capable to perform the procedure. If a CNM undertakes a procedure without the competence to do so, such an act may constitute incompetence and the CNM would be subject to discipline by the Board of Registered Nursing.

Standardized procedures which reference textbooks, drug formularies and other written resources in order to meet the requirements of Title 16, CCR Section 1474 (3), must include book (specify edition) or article title, page numbers and sections. Additionally, the standards of care established by the sources must be reviewed and authorized by the CNM, physician and administrator in the practice setting. Regardless of format used, whether a process protocol or disease or procedure specific, the standardized procedure must include all eleven required elements as outlined in Title 16, Section 1474.